

**WHAT IS CLAIMED IS:**

1. A method, comprising:  
providing at least one request data element for at least one request to a  
5 computer system;

assessing at least one fraud potential indicator for the at least one request  
based on at least two of:

a) at least one comparison of the at least one request data element  
to a datum in a database;

10 b) at least one comparison of the at least one request data element  
to at least one fraud model; and

c) at least one business rule applied to the at least one request data  
element;

wherein the at least one fraud potential indicator comprises an estimate of  
15 a probability of fraud in the at least one request.

2. The method of claim 1, wherein at least one request comprises at least one  
of: a check; an insurance claim; and a loan.

20 3. The method of claim 1, further comprising assigning a total fraud potential  
indicator from at least two fraud potential indicators.

4. The method of claim 2, wherein the total fraud potential indicator is  
assigned by adding together the at least two fraud potential indicators.

25 5. The method of claim 2, wherein the total fraud potential indicator is  
assigned by averaging the at least two fraud potential indicators.

6. The method of claim 1, wherein at least one request data element  
30 comprises at least one of: a claimant's name; a witness's name; an insured's name; a

medical provider's name; an involved business's name; an involved business's address; a date of the at least one request; a date of loss; identification of an involved vehicle; an inception date of a policy; an expiration date of a policy; an address of a party related to the at least one request; a detail of the loss or an accident leading to the loss; a detail of an  
5 accident; a type of accident; a number of parties involved; a type or degree of property damage; a type or degree of injuries; a trajectory of vehicles in a vehicle accident; and a location of an accident.

7. The method of claim 1, wherein the at least one request data element  
10 comprises at least one of: information on a drawer; a payee; a date; an account number; a routing number; and involved banks.

8. The method of claim 1, wherein the at least one request data element  
15 comprises at least one of: information about a loan applicant; a loan applicant's credit history; another debt of the loan applicant; an income level of the loan applicant; a criminal history of the loan applicant; a social security number; an address; other obligations; information on an item to be purchased with loan proceeds; and information about another party involved in the loan.

20 9. The method of claim 1, wherein the at least one comparison of at least one request data element to at least one fraud model comprises determining if at least one request data element approximately matches at least one fraud model.

10. The method of claim 1, wherein the at least one comparison of at least one  
25 request data element to at least one fraud model comprises assigning a fraud potential indicator based on the nearness of an approximate match of a fraud model to at least one request data element.

11. The method of claim 1, wherein assessing at least one fraud potential  
30 indicator comprises determining if at least one request data element approximately

matches at least one fraud model, and assessing at least one fraud potential indicator based on which request data element is approximately matched.

12. The method of claim 1, wherein assessing at least one fraud potential  
5 indicator comprises determining if at least one request data element approximately matches at least a portion of a data element in a database.

13. The method of claim 1, further comprising referring the at least one request for review if at least one fraud potential indicator exceeds a threshold value.

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14. The method of claim 13, wherein the threshold value is adjusted to control the number of requests with at least one fraud potential indicator exceeding the threshold value.

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15. The method of claim 1, further comprising:  
assigning a total fraud potential indicator based on at least one fraud potential indicator; and

referring at least one request for review if the total fraud potential indicator exceeds a threshold value.

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16. The method of claim 1, wherein at least one fraud model is based on at least one historical fraud pattern.

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17. The method of claim 1, wherein at least one fraud potential indicator comprises at least one of: a numerical indicator; a ranking; and a pass/fail indicator.

18. The method of claim 1, wherein assessing the at least one fraud potential indicator includes determining an absence of fraud in a request.

19. The method of claim 1, further comprising assessing the probability of fraud in at least two requests, wherein the at least two requests are ranked in order of potential for fraud in each request.

5 20. The method of claim 1, wherein the at least one comparison of at least one request data element to a datum in a database comprises comparing at least one request data element to a watch list database, wherein the watch list database comprises at least one specified data element specified by an entity.

10 21. The method of claim 20, wherein the entity is notified if at least one request data element matches at least one specified element in the watch list.

22. The method of claim 1, wherein at least one fraud potential indicator is assessed for the at least one request using a predetermined formula.

15 23. The method of claim 22, wherein at least one fraud potential indicator is assessed using at least one comparison of at least one request data element to a datum in a database, wherein at least one fraud potential indicator is set approximately equal to a multiplier value multiplied by a loss type value multiplied by a number of matches  
20 between the at least one request data element to the datum found in a database searched.

24. The method of claim 22, wherein the multiplier value equals a ranking multiplied by a point weight multiplied by an adjustment number.

25 25. The method of claim 1, further comprising:  
reassessing the at least one request data element for the at least one request; and  
updating the at least one fraud potential indicator for the at least one request based on the reassessment.

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26. The method of claim 1, wherein the database comprises at least one of: an insurance industry database; a commercial mailbox database; a company historical request database; a special investigation unit database; a sanctioned medical providers database; and a custom watch list database.

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27. The method of claim 1, wherein the at least one fraud model comprises a suspicious relationship between parties involved in an accident.

28. The method of claim 1, wherein at least one business rule is used to assess  
10 a probability of fraud based on the details of an accident.

29. The method of claim 1, wherein at least one business rule compares a date of report of a loss and a date of the loss.

30. The method of claim 1, wherein at least one business rule compares a date  
15 of a reported loss and a date of inception of an insurance policy.

31. The method of claim 1, wherein at least one business rule compares a date of a reported loss and a date of expiration of an insurance policy.

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32. The method of claim 1, wherein at least one business rule assesses a probability of fraud in the at least one request based on an injury type.

33. The method of claim 1, wherein at least one business rule assesses a  
25 probability of fraud in the at least one request based on a loss type.

34. The method of claim 1, wherein at least one business rule assesses a probability of fraud in the at least one request based on an existence of a police report.

35. The method of claim 1, wherein at least one business rule assesses a probability of fraud in the at least one request based on who reported the at least one request.

5           36. The method of claim 1, wherein at least one business rule assesses a probability of fraud in the at least one request based on the number of vehicles involved.

37. The method of claim 1, wherein at least one business rule assesses a probability of fraud in the at least one request based on time difference between the date  
10 of a check and the date the check is cashed.

38. The method of claim 1, wherein at least one business rule assesses a probability of fraud in the at least one request based a comparison of a loan applicant's income to the loan applicant's assets.

15           39. The method of claim 1, wherein assessing at least one fraud potential indicator for at least one insurance claim is based on an identity verification engine to verify the identification of at least one data request element.

20           40. The method of claim 39, wherein at least one data request element verified includes an insured, a claimant, a doctor, a lawyer, or an involved business.

41. The method of claim 39, wherein at least one of a public record and a bill is used to verify the identification of at least one request data element.

25           42. A computer system, comprising:  
a CPU; and

a memory coupled to the CPU, wherein the memory is configured to store at least one computer program executable by the CPU, and wherein at least one  
30 computer program is executable to:

provide at least one request data element for at least one request to the computer system;

assess at least one fraud potential indicator for the at least one request based on at least two of:

5 a) at least one comparison of the at least one request data element to data in a database;

b) at least one comparison of the at least one request data element to at least one fraud model; and

c) at least one business rule applied to the at least one request data  
10 element;

wherein the at least one fraud potential indicator comprises an estimate of a probability of fraud in a request.

43. The system of claim 42, wherein the at least one request comprises at least  
15 one of: a check; an insurance claim; and a loan.

44. The system of claim 42, wherein the computer program is further executable to assess a total fraud potential indicator of the at least one request from at least two fraud potential indicators.

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45. The system of claim 42, wherein at least one comparison of the at least one request data element to the at least one fraud model comprises determining if the at least one request data element approximately matches the at least one fraud model.

25 46. The system of claim 42, wherein assessing at least one second fraud potential indicator comprises determining if the at least one request data element approximately matches at least a portion of a data element in a database.

47. The system of claim 42, wherein the computer program is further executable to refer the at least one request for review if at least one fraud potential indicator exceeds a threshold value.

5. 48. A carrier medium comprising program instructions, wherein the program instructions are computer-executable to implement a method comprising:

providing at least one request data element for at least one request to a computer system;

10 assessing at least one fraud potential indicator for the at least one request based on at least two of:

a) at least one comparison of the at least one request data element to data in a database;

b) at least one comparison of the at least one request data element to at least one fraud model; and

15 c) at least one business rule applied to the at least one request data element;

wherein the at least one fraud potential indicator comprises an estimate of a probability of fraud in the at least one request.

20 49. The carrier medium of claim 48, wherein the at least one request comprises at least one of: a check; an insurance claim; and a loan.

50. The carrier medium of claim 48, further comprising assessing a total fraud potential indicator of at least one request from at least two fraud potential indicators.

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51. The carrier medium of claim 48, wherein at least one comparison of the at least one request data element to the at least one fraud model comprises determining if the at least one request data element approximately matches the at least one fraud model.



52. The carrier medium of claim 48, wherein assessing at least one second fraud potential indicator comprises determining if the at least one request data element approximately matches at least a portion of a data element in a database.

5 53. The carrier medium of claim 48, further comprising referring the at least one request for further review if at least one fraud potential indicator exceeds a threshold value.

54. A method, comprising:  
10 assessing at least one fraud potential indicator for a plurality of insurance claims using at least one fraud potential detection technique; and  
defining a minimum referral fraud potential indicator such that a desired quantity of requests are referred.

15 55. The method of claim 54, further comprising modifying a minimum referral fraud potential indicator for at least two fraud potential detection techniques using at least two fraud potential indicators from at least one fraud potential detection technique to obtain a selected quantity of referrals for further review.

20 56. The method of claim 54, wherein the minimum referral fraud potential indicator comprises a fraud potential indicator that results in a referral of at least one request for further review.

25 57. The method of claim 54, wherein at least one fraud potential detection technique comprises predictive modeling.

58. The method of claim 54, wherein at least one fraud potential detection technique comprises predictive modeling, and wherein assessing a probability of fraud using predictive modeling comprises assessing at least one fraud potential indicator based

on at least one comparison of at least one request data element to at least one fraud model.

5 59. The method of claim 54, wherein at least one fraud potential detection technique comprises identity searching.

60. The method of claim 54, wherein at least one fraud potential detection technique comprises identity searching of insurance data, and wherein assessing the probability of fraud using identity search of insurance data comprises assessing at least  
10 one fraud potential indicator based on at least one comparison of at least one request data element to additional insurance data.

61. The method of claim 54, wherein at least one fraud potential detection technique comprises assessing request data for fraud from at least one business rule.

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62. A system configured to estimate liability, comprising:

a CPU; and

a memory coupled to the CPU, wherein the memory is configured to store at least one computer program executable by the CPU, and wherein at least one computer  
20 program is executable to:

assess fraud potential indicators for a plurality of requests using at least one fraud potential detection technique; and

establish a minimum referral fraud potential indicator such that a desired quantity of requests are referred.

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63. The system of claim 62, wherein the computer program is further executable to modify a minimum referral fraud potential indicator for at least two fraud potential detection techniques using at least two fraud potential indicators from at least one fraud potential detection technique to obtain a selected quantity of referral of requests  
30 for further review.

64. A carrier medium comprising program instructions, wherein the program instructions are computer-executable to implement a method comprising:

assessing a fraud potential indicator for a plurality of requests using at least one  
5 fraud potential detection technique; and  
establishing a minimum referral fraud potential indicator such that a desired quantity of requests are referred.

65. The carrier medium of claim 64, further comprising modifying a minimum  
10 referral fraud potential indicator for at least two fraud potential detection techniques using at least two fraud potential indicators from at least one fraud potential detection technique to obtain a selected quantity of referral of requests for further review.

66. A method, comprising:  
15 providing at least two fraud potential indicators for at least one request, wherein at least two fraud potential indicators are assessed using at least two fraud potential detection techniques; and  
displaying at least two fraud potential indicators in a graphical user interface.

20 67. The method of claim 66, wherein clicking on at least one fraud potential indicator for the at least one request will display information about the at least one request.

68. The method of claim 66, further comprising displaying information in the  
25 graphical user interface, wherein information displayed in the graphical user interface for the request comprises at least one of: a name; an office; a number assigned to the request; a request date; and a score date.

69. The method of claim 66, wherein at least one request is an insurance  
30 claim, and at least one insurance claim is organized into lists according to at least two of

referred claims, assigned claims, or rejected claims, and wherein selecting a graphical component respective to at least one of a referred claims, assigned claims, or rejected claims brings up a list of claims in the corresponding list.

5           70.     The method of claim 66, further comprising changing a criteria about which claims to display by selecting a filter graphical component.

          71.     The method of claim 66, further comprising assigning at least one request by selecting an assigned graphical component.

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          72.     The method of claim 66, further comprising rejecting at least one request by selecting a reject graphical component.

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          73.     The method of claim 66, wherein at least one fraud potential detection technique comprises predictive modeling.

          74.     The method of claim 66, wherein at least one fraud potential detection technique comprises at least one identity search of insurance claim data.

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          75.     The method of claim 66, wherein at least one fraud potential detection technique comprises assessing request data using at least one business rule.

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          76.     A system configured to estimate liability, comprising:  
          a CPU; and  
          a memory coupled to the CPU; wherein the memory is configured to store at least one computer program executable by the CPU, and wherein at least one computer program is executable to:

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          access at least two fraud potential indicators for at least one request from the memory, wherein at least two fraud potential indicators are assessed using at least two different fraud potential detection techniques; and

display at least two fraud potential indicators in a graphical user interface coupled to the CPU.

77. The system of claim 76, wherein at least one fraud potential detection  
5 technique comprises predictive modeling.

78. The system of claim 76, wherein at least one fraud potential detection technique comprises at least one identity search of insurance claim data.

10 79. The system of claim 76, wherein at least one fraud potential detection technique comprises assessing the probability of fraud in request data using at least one business rule.

80. A carrier medium comprising program instructions, wherein the program  
15 instructions are computer-executable to implement a method comprising:

accessing at least two fraud potential indicators for an insurance claim, wherein at least two fraud potential indicators are assessed using at least two different fraud potential detection techniques; and

20 displaying at least two fraud potential indicators in a graphical user interface.

81. The carrier medium of claim 80, wherein at least one fraud potential detection technique comprises predictive modeling.

25 82. The carrier medium of claim 80, wherein at least one fraud potential detection technique comprises at least one identity search of insurance claim data.

83. The carrier medium of claim 80, wherein at least one fraud potential detection technique comprises assessing request data using at least one business rule.

30 84. A method, comprising:

providing at least two fraud potential indicators for at least one request; and  
assigning a probability of fraud to at least one request based on at least one fraud  
potential indicator, wherein a probability of fraud of the at least one request comprises a  
rank of at least one fraud potential indicator of the at least one request relative to fraud  
5 potential indicators of another request.

85. The method of claim 84, wherein a probability of fraud is used to  
determine an action to take regarding the at least one request.

10 86. The method of claim 84, wherein a probability of fraud is used to  
determine an action to take regarding the at least one request, and wherein the action  
comprises expedited payment of the at least one request.

87. The method of claim 84, wherein a probability of fraud is used to  
15 determine an action to take regarding the at least one request, and wherein the action  
comprises routine handling of the at least one request.

88. The method of claim 84, wherein a probability of fraud is used to  
determine an action to take regarding the at least one request, and wherein the action  
20 comprises notification of a claims adjuster.

89. The method of claim 84, wherein a probability of fraud is used to  
determine an action to take regarding the at least one request, and wherein the action  
comprises referral of the request for investigation.

25 90. The method of claim 84, wherein at least one fraud potential detection  
technique comprises predictive modeling.

91. The method of claim 84, wherein at least one fraud potential detection  
30 technique comprises identity searches of insurance data.

92. The method of claim 84, wherein at least one fraud potential detection technique comprises assessing potential for fraud in request data using at least one business rule.

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93. A system configured to estimate liability, comprising:

a CPU; and

a memory coupled to the CPU, wherein the memory is configured to store at least one computer program executable by the CPU, and wherein at least one computer program is executable to:

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access at least two fraud potential indicators of at least one request; and

assign a fraud potential indicator to the at least one request based on at least one fraud potential indicator, wherein the fraud potential indicator of a request comprises a rank of at least one fraud potential indicator of at least one request relative to at least one fraud potential indicator of another request.

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94. The system of claim 93, wherein a probability of fraud is used to determine an action to take regarding the at least one request, wherein the action comprises routine handling of the at least one request.

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95. The system of claim 93, wherein a probability of fraud is used to determine an action to take regarding the at least one request, wherein the action comprises notification of a claims adjuster.

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96. The system of claim 93, wherein a probability of fraud is used to determine an action to take regarding the at least one request, wherein the action comprises referral of the request for investigation.

97. A carrier medium comprising program instructions, wherein the program instructions are computer-executable to implement a method comprising:

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accessing at least two fraud potential indicators of an insurance claim; and  
assigning a probability of fraud to at least one request based on at least one fraud  
potential indicator, wherein the probability of fraud of the at least one request comprises a  
rank of at least one fraud potential indicator of the at least one request relative to fraud  
5 potential indicators of another request.

98. The carrier medium of claim 97, wherein a probability of fraud is used to  
determine an action to take regarding the at least one request, wherein the action  
comprises routine handling of the at least one request.

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99. The carrier medium of claim 97, wherein a probability of fraud is used to  
determine an action to take regarding the at least one request, wherein the action  
comprises notification of a claims adjuster.

100. The carrier medium of claim 97, wherein a probability of fraud is used to  
determine an action to take regarding the at least one request, wherein the action  
comprises referral of the request for investigation.

101. A method, comprising:  
20 assessing at least two fraud potential indicators for an insurance claim using at  
least two of an identity search engine, a predictive model engine, or a business rule  
engine; and

configuring administrative information for a system to assess at least two fraud  
potential indicators for an insurance claim.

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102. The method of claim 101, wherein the administrative information  
comprises at least one of: a country's information; an office's information; a business's  
information; a region's information; and a state's information.



103. The method of claim 101, wherein configuring administrative information includes assigning an investigation status to a particular investigation status identifier, and wherein the investigation status identifier is used to refer to the particular investigation status assigned to the investigation status identifier.

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104. The method of claim 101, wherein configuring administrative information includes defining a list of reasons for rejecting a claim, and wherein a reason for rejecting a claim can be selected from the defined list.

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105. A system configured to estimate liability, comprising:  
a CPU; and

a memory coupled to the CPU, wherein the memory is configured to store at least one computer program executable by the CPU, and wherein at least one computer program is executable to:

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assess at least two fraud potential indicators for an insurance claim using at least two of an identity search engine, a predictive model engine, and a business rule engine; and

configure administrative information for a system to assess at least two fraud potential indicators for an insurance claim.

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106. The system of claim 105, wherein the administrative information comprises at least one of: a country's information; an office's information; a business's information; a region's information; and a state's information.

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107. The system of claim 105, wherein configuring administrative information includes assigning an investigation status to a particular investigation status identifier, wherein the investigation status identifier is used to refer to the particular investigation status assigned to the investigation status identifier.

108. The system of claim 105, wherein configuring administrative information includes defining a list of reasons for rejecting a claim, wherein a reason for rejecting a claim can be selected from the defined list.

5 109. A carrier medium comprising program instructions, wherein the program instructions are computer-executable to implement a method comprising:

assessing at least two fraud potential indicators for an insurance claim using at least two of an identity search engine, a predictive model engine, and a business rule engine; and

10 configuring administrative information for a system to assess at least two fraud potential indicators for an insurance claim.

110. The carrier medium of claim 109, wherein the administrative information comprises at least one of: a country's information; an office's information; a business's  
15 information; a region's information; and a state's information.

111. The carrier medium of claim 109, wherein configuring administrative information includes assigning an investigation status to a particular investigation status identifier, wherein the investigation status identifier is used to refer to the particular  
20 investigation status assigned to the investigation status identifier.

112. The carrier medium of claim 109, wherein configuring administrative information includes defining a list of reasons for rejecting a claim, wherein a reason for rejecting a claim can be selected from the defined list.

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113. A method, comprising:  
assessing at least two fraud potential indicators for an insurance claim using at least two of an identity search engine, a predictive model engine, or a business rule engine;

displaying information about an insurance claim including identifying information for the claim and the at least two fraud potential indicators for the insurance claim; and

displaying at least one tab, wherein selecting the at least one tab displays information related to the claims associated with a reference on the at least one tab  
5 selected.

114. The method of claim 113, wherein at least one tab is associated with assigned claims, and wherein selecting such tab associated with assigned claims presents identifying information on claims that have been assigned.

10 115. The method of claim 113, wherein at least one tab is associated with rejected claims, and wherein selecting such tab associated with rejected claims presents identifying information on at least one claim that has been rejected.

15 116. The method of claim 113, wherein at least one tab is associated with referred claims, and wherein selecting such tab associated with referred claims presents identifying information on at least one claim that has been referred.

20 117. The method of claim 113, wherein at least one tab is associated with new claims, and wherein selecting such tab associated with new claims presents identifying information on claims that are new.

25 118. The method of claim 113, wherein at least one tab is associated with open claims, and wherein selecting such tab associated with open claims presents identifying information on at least one claim that is open.

30 119. The method of claim 113, wherein at least one tab is associated with pending claims, and wherein selecting such tab associated with pending claims presents identifying information on at least one claim that is pending.

120. A system configured to estimate liability, comprising:

a CPU; and

a memory coupled to the CPU, wherein the memory is configured to store at least one computer program executable by the CPU, and wherein at least one computer  
5 program is executable to:

assess at least two fraud potential indicators for an insurance claim using at least two of an identity search engine, a predictive model engine, and a business rule engine;

display information about an insurance claim including identifying information for the claim and the at least two fraud potential indicators for the insurance claim; and

10 display at least one tab, wherein selecting the at least one tab displays information related to the claims associated with a reference on the at least one tab selected.

121. The system of claim 120, wherein at least one tab is associated with assigned claims, and wherein selecting such tab associated with assigned claims presents  
15 identifying information on claims that have been assigned.

122. The system of claim 120, wherein at least one tab is associated with rejected claims, and wherein selecting such tab associated with rejected claims presents  
20 identifying information on at least one claim that has been rejected.

123. The system of claim 120, wherein at least one tab is associated with referred claims, and wherein selecting such tab associated with referred claims presents  
identifying information on at least one claim that has been referred.

25 124. The system of claim 120, wherein at least one tab is associated with new claims, and wherein selecting such tab associated with new claims presents identifying information on claims that are new.

125. The system of claim 120, wherein at least one tab is associated with open claims, and wherein selecting such tab associated with open claims presents identifying information on at least one claim that is open.

5 126. The system of claim 120, wherein at least one tab is associated with pending claims, and wherein selecting such tab associated with pending claims presents identifying information on at least one claim that is pending.

127. A carrier medium comprising program instructions, wherein the program  
10 instructions are computer-executable to implement a method comprising:  
assessing at least two fraud potential indicators for an insurance claim using at least two of an identity search engine, a predictive model engine, and a business rule engine;  
displaying information about an insurance claim including identifying information for the claim and the at least two fraud potential indicators for the insurance claim; and  
15 displaying at least one tab, wherein selecting the at least one tab displays information related to the claims associated with a reference on the at least one tab selected.

128. The carrier medium of claim 127, wherein at least one tab is associated  
20 with assigned claims, and wherein selecting such tab associated with assigned claims presents identifying information on claims that have been assigned.

129. The carrier medium of claim 127, wherein at least one tab is associated with rejected claims, and wherein selecting such tab associated with rejected claims  
25 presents identifying information on at least one claim that has been rejected.

130. The carrier medium of claim 127, wherein at least one tab is associated with referred claims, and wherein selecting such tab associated with referred claims presents identifying information on at least one claim that has been referred.

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131. The carrier medium of claim 127, wherein at least one tab is associated with new claims, and wherein selecting such tab associated with new claims presents identifying information on claims that are new.

5 132. The carrier medium of claim 127, wherein at least one tab is associated with open claims, and wherein selecting such tab associated with open claims presents identifying information on at least one claim that is open.

10 133. The carrier medium of claim 127, wherein at least one tab is associated with pending claims, and wherein selecting such tab associated with pending claims presents identifying information on at least one claim that is pending.

134. A method, comprising:  
assessing at least two fraud potential indicators for an insurance claim using at  
15 least two of an identity search engine, a predictive model engine, or a business rule engine;  
displaying information about an insurance claim including identifying information for the claim and the at least two fraud potential indicators for the insurance claim; and  
displaying engine summary information related to at least one engine used to  
20 assign at least one of the at least two fraud potential indicators.

135. The method of claim 134, wherein at least one engine used to assign at least one of the at least two fraud potential indicators is a predictive modeling engine, and wherein summary information for the predictive modeling engine includes criteria used to  
25 assign the fraud potential indicator to the claim.

136. The method of claim 134, wherein at least one engine used to assign at least one of the at least two fraud potential indicators is an identity search engine, and wherein summary information for the identity search engine includes information on at  
30 least one match used to assign the fraud potential indicator to the claim.

137. The method of claim 134, wherein at least one engine used to assign at least one of the at least two fraud potential indicators is a business rule engine, and wherein summary information for the business rule engine includes information on at least one business rule used to assign the fraud potential indicator to the claim.

138. A system configured to estimate liability, comprising:  
a CPU; and

a memory coupled to the CPU, wherein the memory is configured to store at least one computer program executable by the CPU, and wherein at least one computer program is executable to:

assessing at least two fraud potential indicators for an insurance claim using at least two of an identity search engine, a predictive model engine, and a business rule engine;

display information about an insurance claim including identifying information for the claim and the at least two fraud potential indicators for the insurance claim; and

display engine summary information related to at least one engine used to assign at least one of the at least two fraud potential indicators.

139. The system of claim 138, wherein at least one engine used to assign at least one of the at least two fraud potential indicators is a predictive modeling engine, and wherein summary information for the predictive modeling engine includes criteria used to assign the fraud potential indicator to the claim.

140. The system of claim 138, wherein at least one engine used to assign at least one of the at least two fraud potential indicators is an identity search engine, and wherein summary information for the identity search engine includes information on at least one match used to assign the fraud potential indicator to the claim.

141. The system of claim 138, wherein at least one engine used to assign at least one of the at least two fraud potential indicators is a business rule engine, and

wherein summary information for the business rule engine includes information on at least one business rule used to assign the fraud potential indicator to the claim.

142. A carrier medium comprising program instructions, wherein the program  
5 instructions are computer-executable to implement a method comprising:

assessing at least two fraud potential indicators for an insurance claim using at least two of an identity search engine, a predictive model engine, and a business rule engine;

displaying information about an insurance claim including identifying information  
10 for the claim and the at least two fraud potential indicators for the insurance claim; and

displaying engine summary information related to at least one engine used to assign at least one of the at least two fraud potential indicators.

143. The carrier medium of claim 142, wherein at least one engine used to  
15 assign at least one of the at least two fraud potential indicators is a predictive modeling engine, and wherein summary information for the predictive modeling engine includes criteria used to assign the fraud potential indicator to the claim.

144. The carrier medium of claim 142, wherein at least one engine used to  
20 assign at least one of the at least two fraud potential indicators is an identity search engine, and wherein summary information for the identity search engine includes information on at least one match used to assign the fraud potential indicator to the claim.

145. The carrier medium of claim 142, wherein at least one engine used to  
25 assign at least one of the at least two fraud potential indicators is a business rule engine, wherein summary information for the business rule engine includes information on at least one business rule used to assign the fraud potential indicator to the claim.

146. A method, comprising:



assessing at least two fraud potential indicators for an insurance claim using at least two of an identity search engine, a predictive model engine, or a business rule engine;

displaying information about an insurance claim including identifying information  
5 for the claim and the at least two fraud potential indicators for the insurance claim; and  
displaying summary information related to an involved entity related to at least one assigned fraud potential indicator.

147. The method of claim 146, wherein the summary information includes  
10 involved people summary information.

148. The method of claim 146, wherein the summary information includes involved organization summary information.

15 149. The method of claim 146, wherein the summary information includes involved vehicle summary information.

150. A system configured to estimate liability, comprising:  
a CPU; and  
20 a memory coupled to the CPU, wherein the memory is configured to store at least one computer program executable by the CPU, and wherein at least one computer program is executable to:

assess at least two fraud potential indicators for an insurance claim using at least two of an identity search engine, a predictive model engine, and a business rule engine;  
25 display information about an insurance claim including identifying information for the claim and the at least two fraud potential indicators for the insurance claim; and  
display summary information related to an involved entity related to at least one assigned fraud potential indicator.

151. The system of claim 150, wherein the summary information includes involved people summary information.

152. The system of claim 150, wherein the summary information includes  
5 involved organization summary information.

153. The system of claim 150, wherein the summary information includes involved vehicle summary information.

10 154. A carrier medium comprising program instructions, wherein the program instructions are computer-executable to implement a method comprising:

assessing at least two fraud potential indicators for an insurance claim using at least two of an identity search engine, a predictive model engine, and a business rule engine;

15 displaying information about an insurance claim including identifying information for the claim and the at least two fraud potential indicators for the insurance claim; and

displaying summary information related to an involved entity related to at least one assigned fraud potential indicator.

20 155. The carrier medium of claim 154, wherein the summary information includes involved people summary information.

156. The carrier medium of claim 154, wherein the summary information includes involved organization summary information.

25 157. The carrier medium of claim 154, wherein the summary information includes involved vehicle summary information.